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(PHALGUNA 16, 1946 SAKA)

LEGISLATIVE SUPPLEMENT

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Nil

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PART-III

GOVERNMENT OF PUNJAB

DEPARTMENT OF SCHOOL EDUCATION

(EDUCATION-6 BRANCH)

NOTIFICATION

The 26th February, 2025

No. G.S.R. 9/Const./Art.309/Amd.(1)/2025. - In exercise of the powers conferred by the proviso to Article 309 of Constitution of India, and all others powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules, further to amend the Punjab State Elementary Education (Physical Training Instructor) Service Rules, 2023.

RULES

1.(1) These rules may be called the Punjab State Elementary Education (Physical Training Instructor) Service (First Amendment) Rules, 2025.

(2) They shall come into force on and with effect from the date of their publication in the Official Gazette.

2. In the Punjab State Elementary Education (Physical Training Instructor) Service Rules, 2023, (hereinafter to be referred as the said rules), in rule 6, for sub-rule(3), the following sub-rule shall be substituted, namely:-

“(3) No person shall be appointed to the Service by way of direct appointment unless he qualifies the written test followed by the physical eligibility test to be conducted by the recruiting agency or Education Recruitment Directorate, as specified by the Government, from time to time. Syllabus appropriate for the posts and other recruitment or test related decision not specified in these rules, shall be made by the recruiting agency or Education Recruitment Directorate, as the case may be. The Physical Eligibility Test shall be qualifying and to be conducted as per criteria prescribed in Appendix 'B'. The applicability of Physical Eligibility Test and conditions for the persons with disability shall be as per the instructions of the Department of Social Security, Women and Child Development, Government of Punjab. The final selection shall be based on the combined merit in the written test and the sports achievement score as per weightage specified in Appendix B.”.

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3. In the said rules, in Appendix 'B' under column 5, against Serial No.1, for the given entries, the following entries shall be substituted, namely:-

“(i) The candidates who have done 10+2 qualification with atleast two years diploma or certificate in Physical Education as Diploma in Physical Education or certificate in Physical Education (D.P.Ed/ C.P.Ed) or have done this course with any other nomenclature.

(ii) **Criteria for Physical Eligibility Test** :- It is a qualifying test, which shall comprise the five components as specified in the table below. A candidate must successfully complete three, out of the five components to qualify:-

Male	Female
(a) 30 metre Flying Start (for speed) (5 seconds)	(a) 30 metre Flying Start (for speed) (5.80 seconds)
(b) Standing broad jump (for explosive strength) (1.40 metre)	(b) Standing broad jump (for explosive strength) (1.20 metre)
(c) Shuttle run 6X10 metre (for agility) (17.50 seconds)	(c) Shuttle run 6X10 metre (for agility) (18.50 seconds)
(d) Bend and reach (for flexibility) (2 cm)	(d) Bend and reach (for flexibility) (2 cm)
(e) 1600 metre running (8 minutes)	(e) 1600 metre running (9 minutes 30 seconds)

(iii) **Combined merit:-** Weightage for recruiting candidates shall be as follows:-

Component	Weightage	Bifurcation
A. Written Test	70 Marks	
B. Sports achievements based on gradation (as notified by the Government of Punjab, Department of Sports and Youth Services)	30 Marks	Grade A-30 Marks Grade B- 25 Marks Grade C- 10 Marks Grade D- 5 Marks
Total	100 Marks	

Note I: The above sports achievement weightage shall have no effect on the recruitment of candidates applying under sports quota. For these candidates, the Punjab Sportsmen Recruitment Rules, 1988, shall remain applicable.

Note II: In case of multiple gradation certificates, a candidate can claim weightage for only one gradation certificate issued as per revised Gradation Policy 2023 of Department of Sports and Youth Affairs, Punjab. “.

KAMAL KISHOR YADAV,
Secretary to Government of Punjab,
Department of School Education.

PART-III**GOVERNMENT OF PUNJAB****DEPARTMENT OF HEALTH AND FAMILY WELFARE****(HEALTH-7 BRANCH)****NOTIFICATION**

The 28th February, 2025

No. G.S.R.10/C.A.18/1969/S.30/Amd.(1)/2025.- In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), and all other powers enabling him in this behalf, the Governor of Punjab with the approval of the Central Government is pleased to make the following amendments in the Punjab Registration of Births and Deaths Rules, 2004, namely: —

RULES

1. (1) These rules may be called the Punjab Registration of Births and Deaths (Amendment) Rules, 2025.
(2) They shall come into force on and with effect from the date of their publication in the Official Gazette.
2. In the Punjab Registration of Births and Deaths Rules, 2004 (hereinafter referred to as the said rules), in rule 5, after sub-rule (3), the following sub-rules shall be added, namely:-
“(4) Name, wherever it occurs, in Forms referred to in Punjab Registration of Births and Deaths (Amendment) Rules, 2025, shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.
(5) Date, wherever it occurs, in Forms referred to in Punjab Registration of Births and Deaths (Amendment) Rules, 2025, shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.
(6) The address, wherever it occurs, in Forms referred to in Punjab Registration of Births and Deaths (Amendment) Rules, 2025, shall contain the name of State or Union Territory, District, Sub-district/Tehsil, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.”.
3. In the said rules, in rule 7, —
 - (a) in the marginal heading, for the word, figures and brackets “Section 10(3)”, the words, brackets and figures “Sub-sections (2) and (3) of section 10” shall be substituted;
 - (b) after the words “certificate as to the cause of death”, the words, “including the history of illness, if any,” shall be inserted;
 - (c) for the words, brackets and figure “sub-section (3)”, the words, brackets and figures “sub-sections (2) and (3)” shall be substituted; and
 - (d) for the words, figures and letter “Form No.4 or Form No. 5”, the words, figures and letter “Form No. 4 and 4A respectively” shall be substituted.

4. In the said rules, in rule 8, —
- (a) in the heading, for the words “Extracts of registration entries”, the words “Certificate of registration of births or deaths” shall be substituted;
 - (b) in sub-rule (1), —
 - (i) for the words “extracts of the particulars”, the words “certificate of birth or death extracted,” shall be substituted;
 - (ii) after the words “given to an informant”, the words, “electronically or otherwise,” shall be inserted; and
 - (iii) for the words and figures “Form No. 6 or Form No. 7”, the words and figures “Form No. 5 or Form No. 6” shall be substituted;
 - (c) for sub-rule (2), the following sub-rule shall be substituted, namely:—

“(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of section 8, which are reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.”;
 - (d) in sub-rule (3), —
 - (i) after the words “shall transmit”, the words, “electronically or otherwise,” shall be inserted;
 - (ii) for the word “extracts”, the word “certificate” shall be substituted; and
 - (iii) after the words “present in the house”, the words “or, in his absence, the oldest adult person present,” shall be inserted;
 - (e) in sub-rule (4), —
 - (i) for the words, brackets and letters “births and deaths referred to in clauses (b) to (e)”, the words, brackets and letters “births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc)” shall be substituted;
 - (ii) for the word “collect”, the words “obtain electronically or otherwise” shall be substituted; and
 - (iii) for the word “extract”, the word “certificate” shall be substituted;
 - (f) in sub-rule (5), for the word “extract”, the word “certificate” shall be substituted.
5. In the said rules, in rule 9, —
- (a) in sub-rule (1), for the words “rupee five”, the words “twenty rupees” shall be substituted;

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- (b) for sub-rules (2) and (3), the following sub-rules shall be substituted, namely:—
- “(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in Form No. 14.
- (3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorised by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees”.
6. In the said rules, in rule 12, in sub-rule (1),-
- (i) for the words and figures "Form No. 8, 9 and 10", the words and figures "Form No. 7, 8 and 9" shall be substituted; and
 - (ii) after the words and figures "Form No. 1", the sign, figure and letter "1A" shall be inserted.
7. In the said rules, in rule 13, —
- (a) in sub-rule (1),-
 - (i) for the words “an extract”, the words “a certificate of birth or death” shall be substituted;
 - (ii) for the words and figures “issued under section 17, shall be as follows”, the words and figures “issued under section 17, electronically or otherwise, shall be as follows” shall be substituted;
 - (iii) In the Table, for the word “Rs.”, the word “Rupees” shall be substituted;
 - (iv) for the figure “5/-”, wherever occurring, the figures “20.00” shall be substituted respectively;
 - (v) in clause (c), —
 - (I) for the word “extract”, the word “certificate” shall be substituted; and
 - (II) for the figures “10/-”, the figures “50.00” shall be substituted; and - (b) in sub-rule (2)
 - (i) for the words “extract in regard to a birth or death shall be issued”, the words and figures “certificate on the basis of extract from the register relating to birth or death shall be issued under section 17,” shall be substituted; and
 - (ii) for the words and figures "Form No. 6 or in Form No. 7", the words and figures "Form No. 5 or Form No. 6" shall be substituted;
 - (c) in sub-rule (3), for the words and figures "Form No. 11", the words and figures

"Form No. 10" shall be substituted.

(d) in sub-rule (4), for the word "extracts", the word "certificate" shall be substituted.

8. In the said rules, in rule 14, in sub-rule (1) for the words and figures "Form No. 12 for births, Form No. 13 for deaths and Form No. 14 for still births", the words and figures "Form No. 11 for births, Form No. 12 for deaths and Form No. 13 for still births" shall be substituted.
9. In the said rules, in rule 16,- for sub-rule (2), the following sub-rule shall be substituted, namely:—

“(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.”.
10. In the said rules, after rule 16, the following rule shall be inserted, namely:—

“16A. Appeal.-- An appeal under sub-section (1) of section 25A shall be preferred in Form No. 15.”.
11. In the said rules, in rule 17, —
 - (a) in sub-rule (1), for the words and figures "birth register in Form No. 8, Death Register in Form No. 9, Still Birth Register in Form No. 10", the words and figures "Birth Register in Form No. 7, Death Register in Form No. 8, Still Birth Register in Form No. 9" shall be substituted;
 - (b) in sub-rule (2), for the words and figures “court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar”, the words, brackets and figures “permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar” shall be substituted; and
 - (c) in sub-rule (3), for the words, brackets and figure “sub-section (3)”, the words, brackets and figures “sub-sections (2) and (3)” shall be substituted.
12. In the said rules, for the existing Forms 1, 1A, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 14, the following Forms shall be substituted, namely:—

Instructions for completing the Form 1: BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).																									
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
8	Tick the appropriate entry for place of birth 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place' where the birth took place.																									
10	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
12,13	<p>Level of Education – Write one of following—</p> <table border="1"> <tbody> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr> </tbody> </table> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p>	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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4.Class 3	9.Class 8	14.ITI	19. M.Phil																							
5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above																							
14, 15	<p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> Cultivator Agriculture Labourer Daily Wages Earner(Other than Agriculture Labourer) Single/Family Worker/Self Employed Employer Government Employee Private Employee(Other than Domestic Helper) Domestic Helper Non-Worker 																									

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

PUNJAB GOVT. GAZ., MARCH 7, 2025
(PHGN 16, 1946 SAKA)

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FORM NO.1-A (Legal information) (See Rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS] <i>This part to be added to the Birth Register</i>	FORM NO.1-A Statistical information (See Rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS] <i>This part to be detached and sent for statistical processing</i>									
<p><i>To be filled by the informant</i></p> <p>1*. Date of Birth : <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/></p> <p>2*. Sex (Enter "Male" or "Female" or "Transgender person") :</p> <p>3. Child's details (If name is changed on adoption, write new name):- Name of the Child <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> Aadhaar No., if available: <input type="text" value="Aadhaar No."/> 4*. Mother's Details (If known):- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No., if available: <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/> 5*. Father's Details and Grandfather:- (If known):- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No., if available: <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/> (e) Grandfather Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> 6. Details of adoption deed / order:- (a) Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> (b) Number of Adoption deed / order: 7. Adoptive Mother's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No., if available: <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/> 8. Adoptive Father's and Grandfather Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No., if available: <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/> (e) Grandfather Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> 9. Address of adoptive parents as recorded in Adoption deed / order: House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district/Tehsil: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/> 10. Permanent address of adoptive parents: House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district/Tehsil: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/> 11*. Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the Institution* or the address of the "House" or "Other place" where the birth took place) : 1. Hospital / Institution Name : <input type="text"/> 2. House 3. Other place Address : House No. <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district/Tehsil: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/> 12. If adoption through agency write the address of the Adoption agency: House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district/Tehsil: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/> 13. Informant's Details:- Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (a) Aadhaar No., if available: <input type="text" value="Aadhaar No."/> (b) Mobile No: <input type="text" value="Mobile No."/> (c) Email Id: <input type="text" value="Email Id"/> (d) Address : House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district/Tehsil: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/> *As contained in the original birth certificate. DECLARATION: <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. <i>(After completing all columns 1 to 18, informant will put date and signature)</i> Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Signature or left thumb mark of the informant </p>	<p><i>To be filled by the informant</i></p> <p>14. For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]</p> <p>(a) Religion of Adoptive Father:</p> <p>(b) Religion of Adoptive Mother:</p> <p>15. Adoptive Father's level of education:</p> <p>Adoptive Mother's level of education:</p> <p>16. Adoptive Father's Occupation:</p> <p>17. Adoptive Mother's Occupation:</p> <p>18.</p>									
To be detached and sent for statistical processing										
(Columns to be filled are over. Now put signature at left)										
To be filled by the Registrar										
Registration No. : <input type="text"/> Registration Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Registration Unit : <input type="text"/> Town / Village: <input type="text"/> Sub-District/ Tehsil: <input type="text"/> District: <input type="text"/> Remarks (if any): <input type="text"/> Name and Signature of the Registrar	<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">District</th> <th style="width: 50%;">Name</th> <th style="width: 50%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>Sub-District/ Tehsil</td> <td></td> <td></td> </tr> <tr> <td>Town/Village</td> <td></td> <td></td> </tr> </tbody> </table> Registration Unit : <input type="text"/> Registration No. : <input type="text"/> Registration Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Date of Birth : <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Sex : Male / Female / Transgender person Place of Birth: 1. Hospital/Institution 2. House 3. Other place Name and Signature of the Registrar	District	Name	Code No.	Sub-District/ Tehsil			Town/Village		
District	Name	Code No.								
Sub-District/ Tehsil										
Town/Village										

Instructions for completing the Form 1-A: BIRTH REPORT FOR ADOPTED CHILD

Item No.	Instructions																									
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.																									
9,10,11,12,13	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
15,16	<p>Level of Education – Write one of following—</p> <table border="1"> <tbody> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma / Certificate</td><td>20. Doctorate & above</td><td></td></tr> </tbody> </table> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p>	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above	
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5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above																							
17,18	<p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker 																									

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths (Amendment) Act, 2023.

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner (Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee (Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.																									
5,6	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
5	For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place' where the birth took place.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1"> <tbody> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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4.Class 3	9.Class 8	14.ITI	19. M.Phil																							
5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above																							
12.	Cause of foetal death – Write one of following— <table border="1"> <tbody> <tr> <td>1. Bleeding (Hemorrhage)</td><td>7. Diabetes in the mother</td><td>13. Infection in the mother Parvovirus B19</td></tr> <tr> <td>2. Problems with Placental</td><td>8. Infection in the mother Coxsackie virus</td><td>14. Infection in the mother Q fever</td></tr> <tr> <td>3. Problem with umbilical cord</td><td>9. Infection in the mother Herpes simplex</td><td>15. Infection in the mother Rubella (German measles)</td></tr> <tr> <td>4. Pre-eclampsia</td><td>10. Infection in the mother Leptospirosis</td><td>16. Infection in the mother Flu</td></tr> <tr> <td>5. Genetic physical defect in the baby</td><td>11. Infection in the mother Lyme disease</td><td>17. Infection in the mother Toxoplasmosis</td></tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestas)</td><td>12. Infection in the mother Malaria</td><td>18. Not stated</td></tr> </tbody> </table>	1. Bleeding (Hemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestas)	12. Infection in the mother Malaria	18. Not stated							
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Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

PUNJAB GOVT. GAZ., MARCH 7, 2025
(PHGN 16, 1946 SAKA)

133

FORM NO. 4

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.

on

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 at A.M. / P.M.

NAME OF DECEASED:		First Name	Middle Name	Last Name	For use of Statistical Office	
Sex	Age at Death					
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours		
1. Male 2. Female 3. Transgender person						
CAUSE OF DEATH					Interval between onset and death approx.	
I						
Immediate cause (a) due to (or as a consequences of) State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.						
Antecedent cause (b) due to (or as a consequences of) Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last						
II (c) Other significant conditions contributing to the death but not related to the disease or condition causing it						

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths (Amendment) Act, 2023, a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

PUNJAB GOVT. GAZ., MARCH 7, 2025
(PHGN 16, 1946 SAKA)

135

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths (Amendment) Act, 2023 to give information concerning the death to Registrar along with Form No. 2 (Death Report))

I hereby certify that the deceased Shri/Smt./Km. Son /Wife/ Daughter of resident of was under my treatment from to and he/she died

on

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 at A.M. / P.M.

NAME OF DECEASED:					
First Name	Middle Name	Last Name			
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male					For use of Statistical Office
2. Female					
3. Transgender Person					
<div style="text-align: center;">CAUSE OF DEATH</div> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p>I</p><p>Immediate cause</p><p>State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.</p><p>Antecedent cause</p><p>Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last</p><p>II</p><p>Other significant conditions contributing to the death but not related to the disease or condition causing it</p></div><div style="width: 35%;"><p>(a) due to (or as a consequences of)</p><p>(b) due to (or as a consequences of)</p><p>(c)</p></div></div>					
Interval between onset and death approx.					

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically, if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically. *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths (Amendment) Act, 2023, a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



ਫਾਰਮ ਨੰ:-5

Form No: -5

ਨੰ: No.



ਪੰਜਾਬ ਸਰਕਾਰ
GOVERNMENT OF PUNJAB
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ
(ਜਾਰੀ ਕਰਨ ਵਾਲੀ ਅਥਾਰਟੀ ਦਾ ਨਾਮ)



DEPARTMENT OF HEALTH AND FAMILY WELFARE
(Name of the issuing Authority)

ਜਨਮ ਸਰਟੀਫਿਕੇਟ

BIRTH CERTIFICATE

ਜਨਮ ਅਤੇ ਮੌਤ ਰਜਿਸਟਰੇਸ਼ਨ ਐਕਟ, 1969 (2023 ਵਿੱਚ ਸੋਧਿਤ) ਦੀ ਧਾਰਾ 12/17 ਅਤੇ ਪੰਜਾਬ ਜਨਮ ਅਤੇ ਮੌਤ ਰਜਿਸਟਰੇਸ਼ਨ (ਸੋਧ) ਨਿਯਮ 2025 ਦੇ ਨਿਯਮ 8/13 ਅਧੀਨ ਜਾਰੀ ਕੀਤਾ ਗਿਆ।

Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the Punjab Registration of Births and Deaths (Amendment) Rules 2025

ਇਹ ਤਸਦੀਕ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਨਿਮਨਲਿਖਤ ਸੂਚਨਾ ਜਨਮ ਦੇ ਅਸਲ ਰਿਕਾਰਡ ਤੋਂ ਲਈ ਗਈ ਹੈ ਜੋ ਕਿ (ਸਥਾਨਕ ਖੇਤਰ/ ਸਥਾਨਕ ਬਾਡੀ) ਸਬ ਡਿਸਟ੍ਰਿਕਟ/ਤਹਿਸੀਲ/ ਬਲਾਕ ਜਿਲਾ ਪੰਜਾਬ ਰਾਜ ਦੇ ਰਜਿਸਟਰ ਵਿੱਚ ਦਰਜ ਹੈ।

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/ local body) of Sub District/ Tehsil/Block of District of Punjab State.

ਨਾਮ/Name:

ਲਿੰਗ /Sex.....

ਜਨਮ ਮਿਤੀ /Date of Birth.....

ਜਨਮ ਦਾ ਸਥਾਨ/Place of birth.....

ਮਾਤਾ ਦਾ ਨਾਮ/Name of Mother.....

ਮਾਤਾ ਦਾ ਆਧਾਰ ਨੰ: /Aadhaar No. of Mother

ਪਿਤਾ ਦਾ ਨਾਮ/Name of Father

ਪਿਤਾ ਦਾ ਆਧਾਰ ਨੰ: / Aadhaar No. of Father

ਦਾਦੇ ਦਾ ਨਾਮ /Name of Grand father

ਬੱਚੇ ਦੇ ਜਨਮ ਸਮੇਂ ਮਾਤਾ ਪਿਤਾ ਦਾ ਪਤਾ/ ਮਾਤਾ ਪਿਤਾ ਦਾ ਪੱਕਾ ਪਤਾ/

Address of parents at the time of birth of the child : Permanent address of parents:

.....

.....

.....

ਰਜਿਸਟਰੇਸ਼ਨ ਨੰ: /Registration No :..... ਰਜਿਸਟਰੇਸ਼ਨ ਦੀ ਮਿਤੀ/Date of Registration.....

ਟਿਪਣੀ (ਜੇਕਰ ਕੋਈ ਹੋਵੇ) Remarks (if any).....

ਜਾਰੀ ਕਰਨ ਦੀ ਮਿਤੀ/Date of issue:.....

ਜਾਰੀ ਕਰਨ ਵਾਲੇ ਅਧਿਕਾਰੀ ਦੇ ਦਸਤਖਤ ਅਤੇ ਪਤਾ

Signature and Address of the issuing authority

ਮੋਹਰ/Seal

ਹਰ ਇੱਕ ਜਨਮ ਅਤੇ ਮੌਤ ਨੂੰ ਦਰਜ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਓ/ Ensure registration of every birth and death

(PHGN 16, 1946 SAKA)

FORM NO.7

(See Rule 12)

BIRTH REGISTER
Legal information*This part to be added to the Birth Register**To be filled by the informant*

1. **Date of Birth:** - -
2. **Sex** (Enter "Male" or "Female" or "Transgender person") :
3. **Child's Details (If not named, leave blank) :-**
 - (a) Name, if any : First Name Middle Name Last Name
 - (b) Aadhaar No., if available:
4. **Father's and Grandfather's Details:-**
 - (a) Name: First Name Middle Name Last Name
 - (b) Aadhaar No., if available:
 - (c) Mobile No:
 - (d) Email Id:
 - (e) Grand Father Name: First Name Middle Name Last Name
5. **Mother's Details:-**
 - (a) Name: First Name Middle Name Last Name
 - (b) Aadhaar No., if available:
 - (c) Mobile No:
 - (d) Email Id:
6. **Address of parents at the time of Birth of the Child:**

House No:	
Locality:	Ward number (in case of town and if available):
Town or Village:	Sub-district/Tehsil:
State or Union Territory:	District:
	PIN Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. **Permanent address of parents:**

House No:	
Locality:	Ward number (in case of town and if available):
Town or Village:	Sub-district/Tehsil:
State or Union Territory:	District:
	PIN Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :

1. Hospital / Institution	Name :
2. House	Address : House No:
3. Other place	Ward number (in case of town and if available):
Locality:	Sub-district/Tehsil:
Town or Village:	District:
State or Union Territory:	PIN Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. **Informant's Details:**
 - (a) Name: First Name Middle Name Last Name
 - (b) Aadhaar No., if available:
 - (c) Mobile No:
 - (d) Email Id:
 - (e) **Address :**

House No:	
Locality:	Ward number (in case of town and if available):
Town or Village:	Sub-district/Tehsil:
State or Union Territory:	District:
	PIN Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 23, informant will put date and signature)

Date: - - Signature or
left thumb mark of the informant*To be filled by the Registrar*

Registration No. :

Registration Date:

Registration Unit :

Town / Village:

Sub-District/Tehsil:

District:

Remarks (if any):

Name and Signature of the Registrar

(PHGN 16, 1946 SAKA)

FORM NO.8
(See Rule 12)**DEATH REGISTER****Legal information***This part to be added to the Death Register**To be filled by the informant*

1. **Date of Death**

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---
2. **Deceased's Details:-**
 - (a) Name:

First Name	Middle Name	Last Name
------------	-------------	-----------
 - (b) Aadhaar No, if available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (c) Date of Birth :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---
 - (d) Age:

--	--	--	--	--	--	--	--	--	--
3. **Sex** (Enter "Male" or "Female" or "Transgender person") :
4. **Mother's Details:-**
 - (a) Name:

First Name	Middle Name	Last Name
------------	-------------	-----------
 - (b) Aadhaar No, if available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (c) Mobile No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (d) Email Id:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5. **Father's Details:-**
 - (a) Name:

First Name	Middle Name	Last Name
------------	-------------	-----------
 - (b) Aadhaar No., if available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (c) Mobile No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (d) Email Id:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6. **Spouse's (husband / wife) Details:-**
 - (a) Name:

First Name	Middle Name	Last Name
------------	-------------	-----------
 - (b) Aadhaar No., if available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (c) Date of Birth :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---
 - (d) Age (in completed years):

--	--	--	--	--	--	--	--	--	--
 - (e) Mobile No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (f) Email Id:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7. **Address of the deceased at the time of death:**

Locality:	Ward number (in case of town and if available):	House No:										
Town or Village:	Sub-district:	District:										
State or Union Territory:	PIN Code:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
8. **Permanent address of the deceased:**

Locality:	Ward number (in case of town and if available):	House No:										
Town or Village:	Sub-district/Tehsil:	District:										
State or Union Territory:	PIN Code:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
9. **Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
 1. Hospital / Institution **Name :**
 2. House **Address :** House No:

--	--	--	--	--	--	--	--	--	--
 3. Other place **Address :** House No:

--	--	--	--	--	--	--	--	--	--

Locality:	Ward number (in case of town and if available):	House No:										
Town or Village:	Sub-district/Tehsil:	District:										
State or Union Territory:	PIN Code:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
10. **Informant's Details:-**
 - (a) Name:

First Name	Middle Name	Last Name
------------	-------------	-----------
 - (b) Aadhaar No., if available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (c) Mobile No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (d) Email Id:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
 - (e) **Address :** House No.:

--	--	--	--	--	--	--	--	--	--

Locality:	Ward number (in case of town and if available):	House No:										
Town or Village:	Sub-district/Tehsil:	District:										
State or Union Territory:	PIN Code:	<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21,
informant will put date and signature)

Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Signature or
left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar

(PHGN 16, 1946 SAKA)

FORM NO.9

(See Rule 12)

STILL BIRTH REGISTER**Legal information***This part to be added to the Birth Register*

<i>To be filled by the informant</i>	
1.	Date of Birth : <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	Father's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No., if available: <input style="width: 100px;" type="text" value="Aadhaar No."/>
(c)	Mobile No: <input style="width: 100px;" type="text" value="Mobile No."/>
(d)	Email Id: <input style="width: 100px;" type="text" value="Email Id."/>
4.	Mother's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No., if available: <input style="width: 100px;" type="text" value="Aadhaar No."/>
(c)	Mobile No: <input style="width: 100px;" type="text" value="Mobile No."/>
(d)	Email Id: <input style="width: 100px;" type="text" value="Email Id."/>
5.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
	1. Hospital / Institution Name :
	2. House 3. Other place Address : House No. Locality:
	Ward number (in case of town and if available): Town or Village:
	Sub-district/Tehsil District:
	State or Union Territory: PIN Code: <input style="width: 50px;" type="text" value="PIN Code."/>
6.	Informant's Details:
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No., if available: <input style="width: 100px;" type="text" value="Aadhaar No."/>
(c)	Mobile No: <input style="width: 100px;" type="text" value="Mobile No."/>
(d)	Email Id: <input style="width: 100px;" type="text" value="Email Id."/>
(e)	Address : House No: Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district/Tehsil District:
	State or Union Territory: PIN Code: <input style="width: 50px;" type="text" value="PIN Code."/>
DECLARATION:	
<input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.	
<i>(After completing all columns 1 to 12, informant will put date and signature)</i>	
Date:	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature or left thumb mark of the informant	
<i>To be filled by the Registrar</i>	
Registration No. :	
Registration Date: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Registration Unit :	
Town / Village:	
Sub-District/Tehsil:	
District:	
Remarks (if any):	
Name and Signature of the Registrar	

FORM No.10
(See Rule 13)

NON-AVAILABILITY CERTIFICATE

(Issued under Section 17 of the Registration of Births & Deaths (Amendment) Act, 2023)

This is to certify that a search has been made on the request of
Shri/Smt./Kum..... son/wife/daughter of
..... in the registration records for the year(s)
..... relating to *(Local area)*..... of
(Sub-District/Tehsil) of *(District)*
..... of *(State)* and found that the event
relating to the birth/death of son/daughter of
..... was not registered.

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Signature of issuing authority

Seal

PUNJAB GOVT. GAZ., MARCH 7, 2025
(PHGN 16, 1946 SAKA)

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FORM No. 11(See rule 14)
SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the Month of: _____ Year : _____
2. District:
3. Town/ Village:
4. Registration Unit:
5. Number of Births Registered during the month:

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)

6. Time Gap in Birth registration:

- (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:
- Total* (a + b + c + d):

* Total should be equal to the number of statistical part of Birth Report Forms (Form No.1) attached with this monthly report.

Signature and Name
of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Submitted to the Chief Registrar/District Registrar

FORM No. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

1. Report for the Month of: _____ Year _____
2. District:
3. Town/ Village:
4. Registration Unit:
5. Details of Deaths Registered during the Month:

Deaths (Including all Infants deaths & Child Deaths & Maternal deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five year)				Maternal deaths
Male	Female	Transgender person	Total	Male	Female	Transgender person	Total	Male	Female	Transgender person	Total	

6. Time Gap in Death registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

Note: Infant and Child Deaths & Maternal Deaths should also be included in the Deaths.

* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature and Name
of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Submitted to the Chief Registrar/District Registrar

FORM No. 13 (See rule 14)
SUMMARY MONTHLY REPORT OF STILL BIRTHS

1. Report for the Month of: _____ Year : _____
2. District: _____
3. Town/ Village: _____
4. Registration Unit: 4. Number of Still Births Registered during the month: _____

Male (1)	Female (2)	Transgender Person (3)	Total (1+2+3)

5. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

- * Total should be equal to the number of statistical part of Still Birth Report Forms (Form No.1) attached with this monthly report.

Signature and Name
of the Registrar

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Submitted to the Chief Registrar/District Registrar

Form No. 14

(See Rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths (Amendment), Act 2023**DECLARATION**

I....., son/daughter/wife of....., resident of do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of ____ (name of child / deceased) son/daughter/spouse of
2. He / she was born / died on ____ (date of birth / death) at (place of birth / death).....;
3. He / she was attended at birth / death by _____ who resides at
4. The reason(s) for the delay in reporting of his / her birth / death are
5. His / her birth / death certificate is required for the purpose of

DECLARATION:

☐ I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

Name and Signature or
left thumb mark of the informant

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Notes:

1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.

2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.

3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

(PHGN 16, 1946 SAKA)

Form No. 15
(See Rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths (Amendment), Act 2023)**1. Aggrieved by an action or order of:** Registrar / District Registrar (details of office to be provided as below)

State	District	Sub-District/Tehsil	Village/Town	Locality	RU ID	Name of Registrar / Distt. Registrar

2. Account of Event Leading to appeal with date and order no. etc.

(Provide a detailed account of the occurrence, use attachments, if necessary)

--

DECLARATION:☐ I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
3. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
4. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
5. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

KUMAR RAHUL,
Principal Secretary to Government of Punjab,
Department of Health and Family Welfare.